

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	/						51	/	101	/
2	/						52	/	102	/
3	/						53	/	103	/
4	/						54	/	104	/
5	/						55	/	105	/
6	/						56	2	106	/
7	/						57	/		
8	/						58	/		
9	/						59	/		
10	/						60	/		
11	/						61	/		
12	/						62	/		
13	/						63	/		
14	/						64	/		
15	/						65	/		
16	/						66	/		
17	/						67	/		
18	/						68	/		
19	/						69	/		
20	/						70	/		
21	/						71	/		
22	/						72	/		
23	/						73	/		
24	/						74	/		
25	/						75	/		
26	/						76	/		
27	/						77	/		
28	/						78	/		
29	/						79	/		
30	/						80	/		
31	/						81	/		
32	/						82	/		
33	/						83	/		
34	/						84	/		
35	/						85	/		
36	/						86	/		
37	/						87	/		
38	/						88	/		
39	/						89	/		
40	/						90	/		
41	/						91	/		
42	/						92	/		
43	/						93	/		
44	/						94	/		
45	/						95	/		
46	/						96	/		
47	/						97	/		
48	/						98	/		
49	/						99	/		
50	/						100	/		
TOTAL IND.							TOTAL IND.			2
TOTAL DEP.							TOTAL DEP.			105
TOTAL CLAIMS							TOTAL CLAIMS			107

09/2/2024 9:58

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
26	101	✓	=	=	2		61		
	102						62		
	103						63		
	104				2		64		
27	105						65		
28	106				✓	✓	66		
	107						67		
	8						68		
	9						69		
	10						70		
	11						71		
	12						72		
	13						73		
	14						74		
	15						75		
	16						76		
	17						77		
	18						78		
	19						79		
	20						80		
	21						81		
	22						82		
	23						83		
	24						84		
	25						85		
	26						86		
	27						87		
	28						88		
	29						89		
	30						90		
	31						91		
	32						92		
	33						93		
	34						94		
	35						95		
	36						96		
	37						97		
	38						98		
	39						99		
	40						100		
	41						TOTAL IND.		
	42						TOTAL DEP.		
	43						TOTAL CLAIMS		
	44								
	45								
	46								
	47								
	48								
	49								
	50								
	TOTAL IND.								
	TOTAL DEP.								
	TOTAL CLAIMS								